



Blue Star Mothers of America, Inc.

Organized 1942 – Congressionally Chartered 1960

www.bluestarmothers.org

* Membership Application *

Transfer Application

Please use this application for all members or transfers regardless of any other membership applications that may have been completed, including online applications.

Annual Membership Fee: \$20 Note: Associate Members and Dads do not pay fees.

Please check one of the following:

Membership: I am a New Member: _____

I am a Transfer Member _____ From Chapter #, City and State _____

I am a member renewing for year: _____

Please check one of the following:

I am a: ___ Mother ___ Step Mother ___ Associate ___ Dad ~ I am a Gold Star Mother ___yes ___no

Please print Chapter Name, Number and Location:

Blue Star Moms of Marin, Chapter 24, Marin County, California

Applicants Full Name: _____

Address: (city, state & zip), (WE MUST HAVE COMPLETE INFO)

Email: _____

Home Phone:(REQUIRED) _____ cell (optional) _____

Please fill out the following for each military/veteran child. Use reverse side if necessary:

Name	M/F	Branch/Veteran

LOYALTY OATH: I do solemnly swear that I am not a Communist, Fascist, or Terrorist. I do not advocate nor am I a member of any organization that advocates the overthrow of the government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny any person their rights under the Constitution of the United States. I do further swear that I will not so advocate nor will I become a member of such an organization during the period I am a member of the Blue Star Mothers of America, Inc. I will support and defend the Constitution of the United States against all enemies foreign or domestic; that I will bear true faith and allegiance to the same that I sign this oath freely, without any mental reservation or purpose of evasion, so help me God.

Signature: _____ Date: _____

For Administration Only: Date application received _____ Received by: _____

Paid: by check #. _____ cash money order # _____ Amount: _____

Membership card: given mailed Date: _____ Date deposited into account: _____

PLEASE RETURN TO: BLUE STAR MOMS OF MARIN, MEMBERSHIP, P.O. BOX 5684, NOVATO, CA 94948